

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52/799

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9		4		4		
10		4		4		
11		4		4		
12	1					
13				8		
14				4		
15				4		
16				4		
17				4		
18				4		
19				4		
20				4		
21				4		
22				4		
23				4		
24			1			
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		71	←		←
TOTAL CLAIMS			73			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						